

miniupdate

IMMUNIZATION BRANCH • DEPARTMENT OF HEALTH SERVICES • 850 MARINA BAY PARKWAY, BUILDING P, RICHMOND, CA 94804 • (510) 620-3737 • www.GetImmunizedCA.org

TO: Medical Directors, Community-Based Clinics
Directors, Medical Residency Programs
Directors, Nursing Schools
Interested Others

August 9, 2006

FROM: Howard Backer, MD, MPH, Chief
Immunization Branch



Below for your information and reference is an abbreviated copy of the Immunization Branch's bimonthly UPDATE memorandum. The edited version contains medical and technical information on immunization and vaccines. We hope it is helpful. If you have questions on immunizations, please contact the Immunization Coordinator at your local health department.

TABLE OF CONTENTS

Disease Activity and Surveillance.....	2
Assessment Activity.....	3
Immunization Services.....	4
Vaccines Risks and Benefits.....	4
Vaccines for Children (VFC) Program.....	5
Professional Information and Education.....	5
Public Information and Education.....	6
Influenza and Pneumococcal Activities.....	6
Pandemic and BT Preparedness.....	7
Immunization Registries.....	8
IZ Coalition Activities.....	8

Flu Vaccine Outlook Hopeful

At the National Influenza Vaccine Summit (NIVS) in June, manufacturers projected that as many as 120 million doses are likely to be available in the U.S. for the 2006–07 season. If predictions are correct, this will be a 33% increase over last year and a 50% increase over the 2004–05 season. Even conservative projections from the Centers for Diseases Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) estimate at least 100 million doses will come to market.

After two years of supply concerns, state and local public health officials will be tasked with the challenge of informing provider networks and the general public that there should be enough vaccine for all. And we want to use it all, since every vaccine dose has the potential to save lives. This means plenty of outreach.

If the optimistic projections are accurate, more people than ever before must be reached—and our messages must resonate. Consider personal stories. One good source for personal accounts is Families Fighting the Flu, an organization for families that have lost a child to a disease they never thought to fear. A touching public service announcement is posted on their website at www.familiesfightingflu.org. In addition, the IZ Branch is making a host of flu shot related materials available. These can be downloaded from our website, www.getimmunizedca.org, or ordered via local Immunization Coordinators throughout the state.

Continued on page 2...

For more ideas about how to help communities promote flu shots, see the "Influenza" section of this mini UPDATE.

DISEASE ACTIVITY AND SURVEILLANCE

The surveillance data reviewed in this section are reported in Table 1 at the bottom of this page.

Pertussis: From January to June 2006, 658 cases of pertussis with onset in 2006 were reported, resulting in an annualized incidence rate of 3.54 cases per 100,000 population. Twenty percent of the cases reported this year are from Sacramento County, which is experiencing a community-wide outbreak. Ninety-two cases (14.0%) were infants less than 12 months old and 207 (31.5%) were in people 10–17 years old, and therefore eligible for the new adolescent Tdap vaccine. Race/ethnicity was specified for 530 out of 658 cases. Of these, 293 (55.3%) cases were White, non-Hispanic; 175 (33.0%) were Hispanic; 30 (5.7%) were Asian/Pacific Islander; 19 (3.6%) were African American; 9 (1.7%) were American Indian/Alaskan Native; and 4 (0.7%) were of other race/ethnicity. Three pertussis-related deaths were reported in Kern, San Joaquin, and Sonoma Counties. All three cases were less than two months old.

Measles: From January to June 2006, four confirmed measles cases were reported in Alameda, Los Angeles, Santa Clara, and San Diego Counties. These cases were described in detail in the April and June 2006 IZ mini UPDATES.

Haemophilus influenzae type b: From January to June 2006, one case of invasive *Haemophilus influenzae* type b (Hib) was reported in Orange County. This case was reported in detail in the April 2006 mini UPDATE.

Tetanus: From January to June 2006, four cases of tetanus were reported. The first case, from Los Angeles County, was described in detail in the June 2006 mini UPDATE. The remaining three cases were reported from Los Angeles, Orange, and San Francisco Counties. All four cases were adult. One case had a history of a single dose of tetanus containing vaccine more than 40 years ago; the other three had unknown vaccination status. One case had a history of injection drug use. One lethal case had a history of diabetes mellitus.

Hepatitis A: From January to June 2006, 406 cases of hepatitis A with onset in 2006 were reported, resulting in an annualized incidence rate of 2.18 cases per 100,000 population. Most of the cases (89.4%) were adults. Race/ethnicity was specified for 327 out of 406 cases. Of these, 133 (40.7%) cases were White, non-Hispanic; 111 (33.9%) were Hispanic; 24 (7.3%) were Asian/Pacific Islanders; 54 (16.5%) were African American; 1 case (0.3%) was American Indian/Alaskan Native; and 4 (1.2%) were other race/ethnicities.

Hepatitis B: From January to June 2006, 162 cases of hepatitis B with onset in 2006 were reported, resulting in an annualized incidence rate of 0.87 cases per 100,000 population. All reported cases were in adults. Race/ethnicity was specified for 118 out of 162 cases. Of these, 55 (46.6%) cases were White, non-Hispanic; 30 (25.4%) were Hispanic; 22 (18.6%) were Asian/Pacific Islanders; 6 (5.1%) were African American;

More on page 3...

Table 1: Reported Cases with Onset in 2006 (by Age Group) and Incidence of Selected Vaccine Preventable Diseases California, 2006 (Provisional—as of 6/30/2006)

DISEASE	Age Groups				All Ages	
	0–4yrs	5–17yrs	18+yrs	Unknown	Cases	Rate ¹
Congenital Rubella Syndrome	0	0	0	0	0	0.00
Diphtheria	0	0	0	0	0	0.00
<i>H. influenzae</i> , type B (Hib) ²	1	0	0	0	1	0.08
Hepatitis A	3	39	363	1	406	2.18
Hepatitis B	0	0	161	1	162	0.87
Measles ³	2	0	2	0	4	0.02
Mumps ³	2	0	9	0	11	0.06
Polio	0	0	0	0	0	0.00
Pertussis	115	266	276	1	658	3.54
Rubella ³	0	0	0	0	0	0.00
Tetanus	0	0	4	0	4	0.02

1. Annualized incidence rate = cases/100,000 population. Population estimates source: California Department of Finance projections based on the 2000 Census

2. *H. influenzae* is reportable only for cases <= 30 years of age

3. Confirmed cases only

Prepared by California Department of Health Services, Immunization Branch

2 (1.7%) were American Indian/Alaskan Native; and 3 (2.5%) were other races/ethnicities.

Mumps: As of July 7, 2006, 106 possible cases of mumps in California residents with onset of symptoms in 2006 have been reported to the CDHS. Eleven cases have been laboratory confirmed either by the CDHS Viral and Rickettsial Disease Laboratory (VRDL, n=3), commercial laboratories (n=6), or by both VRDL and commercial laboratories (n=2). Eight cases have been classified as probable cases because they met the clinical case definition for mumps. Eight suspected cases have been ruled out. Seventy suspected cases have yet to be classified because the CDHS does not have information needed to determine if the clinical case definition for mumps has been met. Sixty-one of the unclassified cases were tested by VRDL, and nine of them were reported electronically to the CDHS. Laboratory results from VRDL are pending on an additional eight cases. Summary data have been sent to all local health departments which have reported possible cases of mumps in 2006.

Eight of the eleven laboratory confirmed were between 38 and 59 years of age, one case was 75 years old, and two cases were under 5 years of age. Five persons had travel history to India, the Philippines, Michigan/Florida, Nevada, or Louisiana. A twelfth laboratory-confirmed case occurred in a 35-year-old Chicago resident who was in California for a wedding.

Other VPDs: As of June 30, 2006, no confirmed cases of diphtheria, polio, rubella, or congenital rubella syndrome (CRS) with onset in 2006 have been reported to the Immunization Branch.

California Varicella Hospitalization Data Demonstrate the Importance of Identifying and Vaccinating Susceptible Persons Against Varicella

Varicella is normally a mild disease that occurs in childhood; however, varicella can cause severe illness and death in healthy individuals. Serious complications of varicella include pneumonia, encephalitis, and secondary bacterial infections. Women who contract varicella during pregnancy are at risk of delivering an infant with congenital varicella syndrome or neonatal varicella. Varicella-related morbidity and mortality have declined significantly as vaccine coverage has increased since licensure in 1995.

Serologic studies conducted during the pre-vaccine era indicated that more than 90% of the U.S. population had been exposed to varicella by age 20. Persons born in tropical and subtropical regions tend to have higher rates of susceptibility than persons born in the U.S. The Advisory Committee on Immunization Practices (ACIP) recommended universal childhood vaccination against varicella in 1995. By 2004, varicella vaccination coverage among children aged 19–35 months had reached 90%.

Between January 2004 and December 2005, 93 hospitalized varicella cases less than 50 years of age were reported by local health departments to the California Department of Health Services (CDHS). Three of these cases died (one child and two adults). Forty-three percent of the hospitalized cases occurred among adults. The highest hospitalization rate was in infants (1.86 per 100,000). Hospitalization rates were higher among Hispanics and African Americans (0.17 and 0.14 per 100,000) than among Whites and Asians (0.08 and 0.10 per 100,000).

A large proportion (44%) of the adult cases were foreign-born (e.g., Mexico, Honduras, and El Salvador). Nine adult cases, two of whom were foreign-born, and two adolescent cases were pregnant. Seven adult cases (none were foreign-born) and one adolescent case were associated with five different residential or daytime institutional facilities for mentally and/or physically handicapped persons—two of the adult cases died. In addition, a foreign-born adult case was exposed in a homeless shelter.

Vaccination status data were available for 74% of the cases; 26% of the cases with known vaccination status had been vaccinated. Predictably, the highest vaccination coverage rates were among children aged 1–9 years of age, and the lowest rates were among adolescents and adults.

These surveillance data emphasize the importance of identifying and vaccinating susceptible persons against varicella, especially staff and patients/clients in institutional settings, women of reproductive age, high-risk persons and their household contacts, and foreign-born adults from Latin America.

ASSESSMENT ACTIVITY

2006 Selective Review Results

The purpose of the annual selective review, conducted each spring, is to evaluate the enforcement of the immunization requirements and to follow up on students who are missing immunizations. This year local health departments visited 278 child care centers, 240 schools with kindergartens, and 200 schools with seventh grades.

Overall, results of the 2006 selective review indicate that child care centers and schools are in compliance with the California School Immunization Law. Over 90% of child care, kindergarten, and seventh grade students had received all the required immunizations, and coverage for each vaccine was above 95%. In child care centers and kindergartens, the percent of children with all required immunizations measured during the spring selective review was similar to that measured during the fall assessment (results not shown here).

Immunization coverage rates among seventh grade

Continued on page 4...

students are shown in Table 2. The percent of seventh grade students with all required immunizations was 95.8±1.0%. Only 2.78±0.84% of seventh grade students were missing one or more of the required immunizations.

Table 2: Seventh Grade Immunization Coverage, Spring 2006 Selective Review

	All Schools N=200
Total Enrollment	18,808
Records Reviewed	12,017
All Required Immunizations	95.8% ± 1.0%
Conditional Entrants	2.78% ± .84%
Permanent Medical Exemptions	0.11% ± .06%
Personal Belief Exemptions	1.30% ± .47%
MMR (2+)1	98.1% ± 0.6%
Hep B (3+)2	98.6% ± 0.6%

1. Two or more doses of measles, mumps, and rubella vaccines, separately or combined on or after the 1st birthday
2. Three or more doses of hepatitis B vaccine

Source: 2001–2005 Child Care Assessments
Prepared by the California Department of Health Services,
Immunization Branch

IMMUNIZATION SERVICES

Two Doses of Varicella Vaccine Now Recommended!

In June, the Advisory Committee on Immunization Practices (ACIP) voted to recommend the varicella vaccine as a two dose series just like MMR. The first dose is routinely given at age one; the second dose at age 4–6 years. The second dose can be given in combination with MMR (MMRV) or the single antigen varicella vaccine. The Immunization Branch will be supplying more information to VFC providers shortly.

Varicella vaccine is recommended for anyone who does not have immunity. Many high school and college students may not be immune. Before everyone goes back to school is a good time to vaccinate!

It's Official: HPV Vaccine Gets ACIP Green Light

The quadrivalent HPV vaccine, Gardasil® (Merck), was approved by the FDA in June and subsequently received support from the Advisory Committee on Immunization Practices (ACIP). The HPV vaccine offers a new opportunity to prevent cervical cancer in women. While most HPV infections resolve without treatment, two high-risk HPV strains (16 and 18) account for 70% of cervical cancers seen in the U.S. Gardasil® protects against both these high-risk strains, significantly reducing the risk of cervical cancer.

The vaccine also protects against HPV types 6 and 11, which account for 90% of genital warts. The ACIP recommends that Gardasil® be used routinely for all girls age 11 to 12 and as catch-up for females between 13 and 26. They also allowed use for girls starting at age 9. The vaccine is administered in a three-dose series over six months. A second, bivalent HPV vaccine, Cerarix® (GlaxoSmithKline), is expected to be submitted to the FDA by the end of 2006. The Immunization Branch will be preparing additional information for health care providers, parents, and patients. For additional information, contact Eileen Yamada, MD at EYamada@dhs.ca.gov.

New Shingles Vaccine Approved by FDA

Zostavax®, the new Merck vaccine against shingles (herpes zoster), was recently approved by the FDA. The vaccine protects against shingles and postherpetic neuralgia, a painful complication that can accompany the disease. Zostavax® is currently licensed for adults 60 and older. However, the Advisory Committee on Immunization Practices (ACIP) has not yet voted on recommendations. Information to date is that the vaccine will require frozen storage and can be delivered in a single dose. A copy of the FDA approval announcement is posted on the Immunization Branch website at www.getimmunizedca.gov.

VACCINE RISKS AND BENEFITS

California's Thimerosal Law Takes Effect: Continued Use of Japanese Encephalitis Vaccine Allowed

California's Mercury-free Act of 2004 took effect July 1. The new law forbids giving pregnant women and children under age three vaccines that contain more than trace amounts of the preservative thimerosal. The Governor signed the bill into law in 2004, "in an abundance of caution," after thimerosal had been removed from routine pediatric vaccines. The preponderance of evidence indicates that there is no health risk associated with thimerosal-containing vaccines.

To help ensure that health care providers are aware of the new law, the Immunization Branch implemented an informing campaign beginning in January, 2006.

Notices about law were sent to all VFC providers and to key medical associations in California.

The new law permits exemptions for vaccine under situations of scarcity or public health emergency. Japanese Encephalitis vaccine has received an exemption for a

Continued on page 5...

12-month period through June 30, 2007. The exemption was granted because there is only one vaccine licensed in the U.S. for Japanese Encephalitis, a cause of potentially fatal brain infections for which there is no treatment. The vaccine is recommended for travelers spending extended periods in parts of east or south Asia.

Additional information is available on the Immunization Branch website at www.getimmunizedca.org or from Robert Schechter, MD at (510) 620-3737.

VACCINES FOR CHILDREN (VFC) PROGRAM

Rotavirus Vaccine Is Now Available from VFC!

The new oral Rotavirus vaccine, RotaTeq® (Rotavirus Vaccine, Live, Oral, Pentavalent), is now available from VFC. The vaccine should be given to children under 32 weeks old and is very effective in preventing severe diarrhea. The VFC letters contain more detailed information on the vaccine, storage and administration. More information is available on the manufacturers website at www.rotateq.com/index.html

Recent VFC Mailings Posted on the Web

VFC mailings are now posted at www.vfcca.org. Recent mailings provide information about updated mumps immunization recommendations and pentavalent, bovine-human reassortant rotavirus vaccine. This information is also available from the VFC program office at (877) 243-8832.

PROFESSIONAL INFORMATION AND EDUCATION

First-Ever HPV Vaccine Summit a Big Success

A landmark Human Papillomavirus (HPV) Vaccine Summit was held in Emeryville this past June. The summit brought together more than 100 people representing diverse groups interested in the new HPV vaccine. It was an opportunity for the state to interact with individuals from the medical community, community-based organizations, advocacy organizations, local health departments, academic researchers, vaccine manufacturers, and health plans to share information. Attendees learned about current state-level activities and received background information on HPV, cervical cancer, vaccine-development protocols, and policy issues. In turn, participants were given the opportunity to explore avenues of future collaboration to promote the HPV vaccine according to ACIP recommendations. The

summit served as a springboard to launch cooperative efforts to inform health care providers, parents, preteens, and the general public about the vaccine and to reinforce that routine Pap screening for women must be maintained.

The Summit was sponsored by the California HPV Vaccine Workgroup, a collaboration between the California Department of Health Services (CDHS) and Department of Education. CDHS members include staff from the Immunization Branch; Sexually Transmitted Diseases Control Branch; Cancer Control Branch; the Office of Women's Health; Office of AIDS; and Maternal, Child, and Adolescent Health. For more information about the summit or the HPV Vaccine Workgroup, contact Tammy Pilisuk, MPH, at TPilisuk@dhs.ca.gov.

2006 Epidemiology and Prevention of Vaccine-Preventable Diseases Course

The live version of CDC's "Epidemiology and Prevention of Vaccine-Preventable Diseases Course" will be hosted by the Immunization Branch in Concord on November 13–14, 2006 and in Torrance on November 16–17, 2006. Previously, the Northern California course was located in Sacramento, but this year we are offering the course in Concord. The brochure is available on the Immunization Branch website at www.dhs.ca.gov/ps/dcdc/izgroup/news.htm. A \$40 non-refundable fee is required to confirm your registration. For questions, please contact Myan Nguyen at MNguyen2@dhs.ca.gov or (510) 620-3739.

"Mass Antibiotic Dispensing: Alternate Methods" Now Available as a Webcast!

This 90-minute program describes several alternate dispensing methods that planners can consider as they develop their comprehensive dispensing plans. Planners from state and local public health agencies discuss the methods they have devised and exercised in their communities. Panelists also identify the issues and opportunities associated with pushing medication to large employers in the community and delivering medication to sheltered-in populations, such as those in nursing care or assisted living facilities. The program originally aired as a live satellite broadcast on August 3, 2006.

Visit the PHTN website at www.phppo.cdc.gov/phtn for further information about this webcast and other distance-learning courses.

APHA Conference in Boston in November

This year's American Public Health Association (APHA) conference will be November 4–8 in Boston. The 2006 theme is "Public Health and Human Rights." To register online for APHA, visit www.apha.org/meetings. Early-bird registration discounts are available until August 24.

Continued on page 6...

Medical Assistants Recognition Week

This fall we have an opportunity to pay tribute to an often unsung workforce: medical assistants. October 16–20, 2006 will be “Medical Assistants Recognition Week.” Medical assistants play a vital role as they take medical histories, explain procedures to patients, instruct patients about medications, perform basic laboratory tests, update medical records, and assist physicians.

Start thinking of how you can help recognize the valuable contributions of medical assistants in your community.

For more information, contact the American Association of Medical Assistants at (312) 899-1500 or visit www.aama-ntl.org.

PUBLIC INFORMATION AND EDUCATION

“Wash Your Hands” Campaign Goes Bilingual

During the past two years, the Immunization Branch partnered with the California Coalition for Childhood Immunizations (C3I), the California Adult Immunization Coalition (CAIC), and others to promote hand hygiene during the cold and flu season to prevent respiratory disease. The successful “Wash Your Hands” jingle has been this campaign’s centerpiece. Now, by popular demand, the jingle has been recorded in Spanish. The new recording, to be distributed on CD, will contain a 30-second “Lava Tus Manos,” a longer “extended play” version in English, and the ever-popular original 30-second English version.

This campaign gears up between Thanksgiving and New Year’s, stay tuned. The new jingle recordings will be posted as MP3 downloads on the IZ Branch website soon.

Preteen Vaccine Week Campaign “Kickoff”

Looking to score points with preteen messaging? “Goooo! Immunizations are your best shot!” is the working campaign theme for Preteen Vaccine Week—January 21–27, 2007. Branch health educators are working to reach 11- and 12-year-olds and their parents with appropriate messages about immunizations. Print materials and incentive items are currently in development. For more information contact Karen Norwood at (510) 620-3751 or KNorwood@dhs.ca.gov.

INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

Flu Vaccine Information Statements

2006 live and inactivated flu vaccine information statements (VIS) are now available online at www.cdc.gov/nip/publications/VIS. Translation into other languages is expected soon at www.immunize.org. A sample of the new vaccine information statements is enclosed in this • mini UPDATE; electronic versions of both statements can also be down-loaded from our Immunization Branch website at www.getimmunizedca.org.

California Sentinel Influenza Surveillance Program

The CDHS Sentinel Provider Influenza Surveillance Program is recruiting providers to participate in influenza-like illness surveillance for the 2006–2007 influenza season. The number of clinicians enrolled in the program is currently below the minimum recommended to sufficiently represent the population of California. Sentinel Providers contribute valuable clinical and epidemiological information to state, national, and global influenza surveillance. Please see the attached flyer included in this • mini UPDATE for more information on how to enroll for the upcoming flu season.

Where to Get Shots? FindAFluShot.com

Once again, the American Lung Association is partnering with Maxim to reactivate the search page, www.findaflushot.com. Let coalitions and partners know that there’s an easy way for their people to find a flu shot in their home community.

Flu Shots in December

If California is going to effectively use 30% more flu vaccine than last year, the “season” for flu shots must be extended. Thirty-one days in October is not likely to be enough time. Talk with your local immunization coalition and other partners about planning a longer flu clinic run for 2006–07. We recommend that you make good use of the “Not Too Late” materials (revised IMM-821, available for order soon a local health departments) to share with coalition members and others who plan Fall flu clinics. Remember: people can catch the flu even in the springtime!

Pediatric Flu Shots up to Age 5!

The Advisory Committee on Immunization Practices (ACIP) recently broadened the priority age group for childhood influenza immunization. The new recommendations say children from 6 months to their 5th birthday should be vaccinated annually. As before, children in this age group who have never had a flu shot need two shots during the first season.

Continued on page 7...

To help alert the public about the change, the Immunization Branch has revamped the popular “Guess Who” postcards and flyers (revised IMM-782, available for order soon at local health departments) and reissued a general message to anyone who spends time around newborns, “Protect Babies from the Flu” (IMM-823).

Health Care Workers Need Flu Shots Too

Encourage health care workers (HCWs) to get their flu shots. Protecting them from flu can also protect patients in doctor offices and hospitals from getting sick. The Healthcare Infection Control Practices Advisory Committee (HICPAC), the Advisory Committee on Immunization Practices (ACIP), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are all recommending regular flu shots for HCWs. The eye-catching bilingual flyer HCW “Get a Flu Shot!” (IMM-801) enclosed in this mini UPDATE is a great way for health care facilities to help HCWs protect themselves and vulnerable patients from getting and spreading the flu.

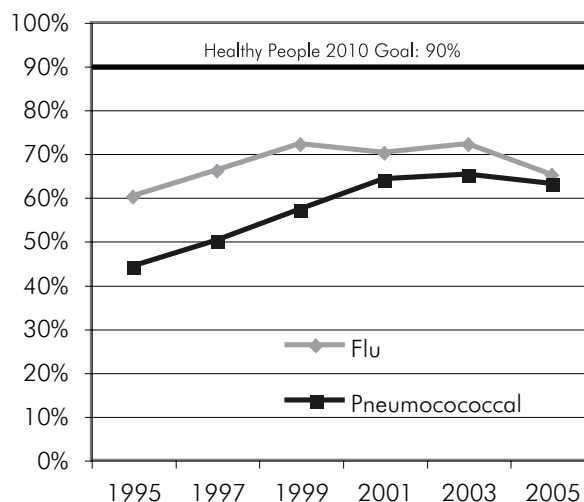
Back to Boomers

Despite their large numbers and need for influenza protection, many people 50–64 years old have not received flu shots during the past two years because of vaccine shortages and tiering. Materials from the IZ Branch can help reach these groups. Consider displaying or sending out “Somebody Needs a Flu Shot” postcards (IMM-739) and “cling-ons” (IMM-740 SC). Also available: our “Somebody Needs a Flu Shot” emery boards (IMM-732) for salons. The matching cupjackets (IMM-743) and coasters (IMM-735) are suitable for coffee houses and bars. Spanish-language emery boards (IMM-722) are also available, as is a Spanish “cling-on” (IMM-773). See attachments in this mini UPDATE.

Influenza and Pneumococcal IZ Coverage in Adults

The Healthy People 2010 goals includes achieving 90% immunization coverage in persons 65 years and older receiving pneumococcal and annual influenza immunizations. In contrast, of 1,279 Californians over the age of 65 years responding to the 2005 Behavioral Risk Factor Surveillance System (BRFSS), 65% reported having received an influenza immunization in the past 12 months, while 63% reported having ever received a pneumococcal immunization. Both coverage levels show no improvement from previous years (see Figure 1). Immunization coverage in persons under the age of 65 with chronic conditions remain slow. Thirty-two percent of respondents who have a chronic condition reported receiving a flu shot in the past 12 months, while 27% reported having ever received a pneumococcal shot.

Figure 1: Flu and Pneumococcal Immunization Coverage in 65+ Population—California 1995–2005



Behavioral Risk Factor Surveillance System 1995–2005
Prepared by the California Department of Health Services

When asked where a respondent (age 65+) received a flu shot, the most common response was doctor’s office (57%), followed by non-health-department clinic (13%), hospital or emergency room (10%), store (7%), and senior/recreation/community center (6%). In persons under 65 reporting a current chronic condition, the most common responses were doctor’s office or HMO (54%), workplace (15%), hospital (10%), and some non-health department clinic or health center (9%).

Continued efforts must be made in order to reach these Healthy People 2010 goals, especially for elderly persons with chronic medical conditions.

PANDEMIC AND BT PREPAREDNESS

“Pandemic Influenza & Public Health Law”: A Milestone in Preparedness

In June, local health departments throughout California tuned to watch the debut of “Pandemic Influenza & Public Health Law,” a live satellite broadcast produced by the California Department of Health Services in partnership with the California Distance Learning Health Network (CDLHN). More than 1,000 individuals watched the broadcast live at 136 downlink sites in California and in other states; another 4,000 people watched the presentation as a webcast in the days and weeks following the live debut.

Continued on page 7...

The broadcast featured expert presentations about public health law from the California Conference of Local Health Officers' (CCLHO) recent semiannual meeting. Following the broadcast many local jurisdictions participated in a structured tabletop exercise during which they, their partners, and their stakeholders worked through a scenario about an escalating avian flu emergency. County counsels were on hand at many health departments to answer legal questions and to offer advice.

A DVD of the broadcast and all print materials, including the tabletop exercise, will be available for sale from the CDLHN. The DVD includes the program in both English and Spanish and also contains many printable resources (in English only). To purchase this DVD, visit www.cdlhn.com or call (619) 594-5933.

IMMUNIZATION REGISTRIES

SIIS Website Relaunched!

Check it out! Those wanting online information about California's immunization registries are in for a pleasant surprise. A recent redesign of www.ca-siis.org now features a very user-friendly navigation through the site including a new tab just for parents; easy-to-find promotional materials for health care providers, schools, and agencies; and SIIS basics for everyone. A tab for registry staff and stakeholders includes registry training tools, technical assistance, and member-only access to the SIIS forum for ongoing committee work.

IZ COALITION ACTIVITIES

National Immunization Awareness Month Is Here!

August is National Immunization Awareness Month (NIAM), an opportunity to increase awareness about immunizations across the lifespan. NIAM is the perfect time to gear up for flu season. It's a chance to prepare schools, the medical community, public health professionals, and parents to get ready for back-to-school shots and fall flu shots. With plenty of flu vaccine supply expected for 2006 and new expanded recommendations to vaccinate children up to age five, it's important to promote flu shots widely this year. More information on NIAM and promotional kits are available from the National Partnership for Immunization (NPI) at www.partnersforimmunization.org/niam.

Save The Date for September's C3I Education Hour

Don't miss "Adult Immunizations," an Education Hour program organized by the California Coalition for

Childhood Immunization (C3I) on September 12 at 12 noon. The 60-minute toll-free conference call is open to immunization coalition members, advocates, and stakeholders. You can expect to learn about the California Adult Immunization Coalition (CAIC) and activities for the upcoming flu season. Expert speakers will offer information and practical tips on hot immunization topics. Typically, participants follow along with PowerPoint slides on their own computers and have an opportunity for questions and comments.

Education Hours are held quarterly during the noon hour on the second Tuesday of September, December, March, and June. For more information about how to sign up, please contact Sabrina Torres at STorres@communitycouncil.org.

NAIAW Just Around the Corner

More and more, we are looking to promote immunizations across the lifespan. As a hook, why not consider National Adult Immunization Awareness Week? The California Adult Immunization Coalition (CAIC) will be championing this year's observance, which will take place September 24–30. They have tools and resources to support local and statewide efforts to bring broader attention to vaccines for adults. For more details, visit the CAIC website at www.immunizecaadults.org.

Celebrate Binational Health Week!

Mark your calendar. This year Binational Health Week will be celebrated October 9–13, 2006. Since 2001, Binational Health Week has been observed in the U.S. and Mexico. The focus is on developing programs to improve the health of Latino immigrants and their families. Partnering agencies have included border states, the US-Mexico Border Health Commission, the Centers for Disease Control and Prevention, and the Pan American Health Organization.

It's not too soon to start thinking about getting your community involved. Why not organize a fun activity to promote healthy habits and strengthen healthy behaviors? Events don't need to be complicated and can provide information on local health resources and services. For more information, contact Suzi Bouveron at SBouvero@dhs.ca.gov.